2014 City of Springfield Benefit Package for SEIU Employees



City Provided Benefits

	1 =							
Medical	Choice of Pacific Source HIP or PPO (See Benefit Handbook for details) (See premium table below for employee share of premiums)							
(Required for employee)	City pays into HRA for HIP			mont only				
Health Reimbursement Account	' ' '	` ` `	' '	ment only.				
Account	 \$100 per month for single (\$1200 total annual) \$200 per month for Two Party and Family (\$2400 total annual) 							
Dental	Oregon Dental Service (ODS) (Employee pays a portion of the premium)							
(Required for employee)	2.535 25a. 35.1105 (325) (Employed payo a portion of the promium)							
Vision	Part of Pacific Source Medical Plans							
	1 v Appual Salary up to \$100,000 mavimum							
Basic Life Insurance (Standard Insurance Co)	1 x Annual Salary up to \$100,000 maximum							
AD/D Insurance	1 x Annual Salary up to \$100,000 maximum							
(Standard Insurance Co)								
Long Term Disability	60% Wage replacement coverage for full-time employees disabled for more than							
(Standard Insurance Co)	90 days.							
Retirement	Oregon Public Employee's Retirement System (OPERS)							
	City pays "PERS Emplo"							
Employee Assistance	Confidential personal and mental health counseling for all members of the							
Program (DIRECTION)	employee's household.	n ner calendar	voor					
	6 free visits per problem per calendar year FireMed membership to all SEIU employees.							
FireMed	Thomica monibership to all outo employees.							
Willamalane	Willamalane Center membership to all employees.							
Holidays	Ten (10) regular scheduled holidays plus one (1) floating holiday (prorated for partial year)							
	General Service	Д	ccrual Rate:					
	Years of Service	Bi-weekly	Monthly	Annual				
	1 to 3	3.693	8.00	96.02				
	4 to 8	4.308	9.33	112.01				
	9 to 13	4.925	10.67	128.05				
	14 to 18	5.848	12.67	152.05				
	19 +	6.154	13.33	160.00				
	Exempt Employees	Accrual Rate:						
Vacation	Years of Service	Bi-weekly	Monthly	Annual				
Vacation	1 to 3	5.232	11.336	136.032				
	4 to 8	5.847	12.669	152.022				
	9 to 13	6.464	14.005	168.064				
	14 to 18	7.387	16.005	192.062				
	19 +	7.693	16.668	200.018				
	 +.310 hours bi-weekly or 8.06 annually for each year beyond 19 Maximum Accrual 500 hours Maximum payout (after 6 months employment) 80 hours more than annual accrual 							
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Sick Leave	•	Accrue 3.693 hours per bi-weekly pay period, 96 hrs annually Available month following accrual Maximum accrual 960 hours
	•	Maximum payout at retirement 480 hours

Voluntary Benefits (Employee Paid)

	A bank of sick leave available to employees who exhaust all forms of paid leave due to a serious illness.				
	Must donate one day of sick leave each year to participate in the				
Sick Leave Reserve Program	program				
	Must re-enroll each year				
	 Eligibility for leave determined by years of service and approval by Human Resources 				
Flexible Spending Account (FSA)	A voluntary pre-tax payroll deduction for out of pocket medical and/or childcare expenses under IRC Section 125				
(PacificSource Administrators)	Must be used within the plan year				
	Cannot change deduction mid-year (except for childcare)				
Supplemental Life Insurance	Term life insurance for employee, spouse and children				
(Standard Insurance Co)	Cost increases with age				
	Guaranteed coverage if purchased within 30 days of hire				
Accidental Death &	Employee only or family accidental death and dismemberment coverage				
Dismemberment Insurance	• Up to \$300,000				
(Standard Insurance Co)	Family coverage available				
Short Term Disability Insurance	60% Gross wage replacement coverage for employees disabled for more				
(Sun Life Assurance Co.)	than 15 days and a maximum of 90 days.				
Deferred Commonaction.	Retirement investment options under IRC Section 457 provided through:				
Deferred Compensation:	Pretax deferral of wages				
ING-Financial Planning	Employee manages the funds				
ICMA/RC	No withdrawal until termination of employment				
Oregon Saving Growth Plan	\$17,500 limit per year limit				
Oregon Daving Crown Flan	Additional \$5,500 annual catch-up option if over age 50				

Medical and Dental Rates

Total Medical/Dental Amount per Month	н	P	PPC	
Single	\$	620.80	\$	745.94
Two Party	\$	1,326.02	\$	1,601.18
Family	\$	1,837.18	\$	2,212.24
City Total Premium Share				
Single	\$	558.72	\$	608.72
Two Party	\$	1,193.42	\$	1,293.42
Family	\$	1,653.46	\$	1,753.46
Employee Total Premium Share				
Single	\$	62.08	\$	137.22
Two Party	\$	132.60	\$	307.76
Family	\$	183.72	\$	458.78